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## Travelers' Diarrhea

IF YOU TAKE A GROUP OF TRAVELERS FROM THE UNITED STATES TO MEXICO, you can show that a prophylactic antibiotic such as trimethoprim-sulfamethoxazole will prevent gastroenteritis in the treated group versus the placebo group. I don't think there's any doubt about that. (Studies show that Pepto-Bismol does the same thing.) The problem with making the recommendation generically and having all travelers carrying around a 7-day, a 10-day, or 2-week supply of trimethoprim-sulfamethoxazole is that it will lead to resistance and lessen the use of a very valuable drug combination. Most gram-negative rods are sensitive to trimethoprim-sulfamethoxazole, including the *E coli* in your own GI tract, and you may run into a *Salmonella* or a *Shigella* which is resistant to the trimethoprim-sulfamethoxazole. So now you've ingested a salad that has a *Shigella sonnei* or a *Shigella dysenteriae*, worse yet. And you are taking an antibiotic that is wiping out your own normal flora, which does have some counterbalancing effect in your fight against invading pathogens. And not only that, the antibiotic that you're taking is not effective against the organism that you've run into because it is resistant to the trimethoprim-sulfamethoxazole. This is the one that bothers me most, personally, when I'm tempted to take Bactrim if I'm going to Mexico.

—JOHN E. CONTE, Jr, MD

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